

Center for Domestic Preparedness
Medical Screening Form
(Please Print Legibly and Accurately)

Date Completed _____

Responders Name: _____ **Signature:** _____

Supervisors Name: _____ **Signature:** _____
(Verifying Official)

Course Requested: _____

1. Responders under consideration for attendance at the Center for Domestic Preparedness, WMD Technical Emergency Response Training Course (TERT), WMD HAZMAT Technician Training Course (HT), WMD Hands-On Training Course (HOT), WMD Emergency Medical Services Course (EMS) or WMD Emergency Responder Hazardous Materials Technician Course (ER HM) **must** complete this medical screening questionnaire.

2. Do you now or have you previously been treated for or experienced: (Please Circle)

Heart Disease or Condition	Yes	No	Seizures or Epilepsy	Yes	No
Chest Pain	Yes	No	Diabetes	Yes	No
Frequent Fainting	Yes	No	Heat Injury (last 12 months)	Yes	No
Asthma	Yes	No	Hyperventilated while wearing PPE	Yes	No
Emphysema	Yes	No	Claustrophobia	Yes	No
Chronic Bronchitis	Yes	No	Taking narcotic medication	Yes	No
Other Lung or Chest Problems	Yes	No	Have an open wound or sutures	Yes	No
Perforated Eardrum	Yes	No			

3. Any question with a **YES** answer requires the responder to have medical screening by a licensed physician certifying the responder is in appropriate health to perform tasks in personal protective clothing and respirator systems. High blood pressure (150 over 90) may preclude participation in Toxic Agent Training. **Pregnancy disqualifies responder candidates from attending this training.**
4. Forward Medical Screening Form and Physician Certification (if required) with Training Course Application. Additional medical screening will be conducted prior to entering the Toxic Agent Training Facility.